USUSO POSUSO

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE

:

INDICTMENT BY THE GRAND JURY

PAUL PAVULAK

I.D. NO. 9802015040

The Grand Jury charges PAUL PAVULAK with the following

offenses:

COUNT I. A FELONY

#N98- 03-012

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between September 1, 1997, to September 30, 1997, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of

of the crime.

COUNT II. A FELONY

#N98-

03-0128

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of

Title 11, Section 770 of the Delaware Code of 1974, as amended paul PAVULAK, between October 1, 1997, to October 31 paul PAVULAK, be

GOVERNMENT EXHIBIT

ATTEST SHARON AGNEW
PROTHONOTARY

COUNT III. A FELONY

#N98- 03-0129

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between November 1, 1997, to November 30, 1997, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of and who was less than 16 years of age on the occasion of the crime.

COUNT IV. A FELONY

#N98- 03-0130

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of .

Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between December 1, 1997, to December 31, 1997, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of and who was less than 16 years of age on the occasion of the crime.

COUNT V. A FELONY

#N98- 03-0131

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between January 1, 1998, to January 31, 1998, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of the crime, and who was less than 16 years of age on the occasion of the crime.

COUNT VI. A FELONY

N98 ()'5

13-0126

CONTINUOUS SEXUAL ABUSE OF A CHILD in violation of 11 Del.

c. §778, a class b felony.

PAUL PAUVLAK, between September 1, 1997 and January 31, 1998, reside in the same home with the age of 14 and did intentionally engage in three or more acts of sexual misconduct as defined by 11 Del. C § 766, 769, 770, 771, 772, 773, 774, 775, or 1108, for a period of time in excess of three months, as set forth in counts I through V, incorporated by reference herein.

A TRUE BILL

t. Warling

ATTORNEY GENERAL

DEPUTY ATTORNEY GENERAL

Case 1:09-cr-00043-SERV Decument 9852 Filed 04/69 Superior Court (State of Delaware,) Filed 04/05/45 PLEA AGREEMENT GOVERNMENT **EXHIBIT** State of Delaware v. Case No(s): ☐ Title 11HAB. OFFENDER _ ☐ BOOT CAMP ELIGIBLE ☐ INELIGIBLE RULE 11(e)(1)(C) — If out of guideline, reason is as follows: _ Title 11, §4336, sex offender notification required \square Title 11, § 9019(e), forensic fine \square \$100(F), \square \$50(M) Defendant will plead guilty to: [LIO if applicable] Count Cr.A.# Charge Upon the sentencing of the defendant, a nolle prosequi is entered on \(\Boxed{\Boxes}\) the following charges/\(\overline{\Omega}\) all remaining charges on this indictment: Count Cr.A# Charge Sentence Recommendation/Agreement: ☐ Immediate Sentencing State and Defendant agree to the following: Restitution: ILNO_ ☐ Other Conditions: DEF. COUNSEL:

Date: June 50,1998

SIGNATURE

XC: Attorney for Defendant, Defendant Attorney General, Attorney General Worksheet PRINT NAME

signature

DEFENDANT THE COMP

ATTEST SHARON AGNEW

mill PARO tof

Case 1:09-67-00043-SLERV DREGHTERT 9852 Filed 04/05//45 Page 8 of 68 Page ID #: 3022

DCC BP PP PSI OK

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE V.

CASE NO. 9802015040 CR.A. NO. PN98030127

PAUL E PAVULAK

CHARGE: UNLAW SEX CON 2

DOB: 44 SBI: 0

CHARGE DISP: PLED GUILTY - LESSER

SENTENCE ORDER

NOW, THIS 4TH DAY OF SEPTEMBER, 1998, IT IS THE ORDER OF THE COURT THAT:

THE DEFENDANT IS ADJUDGED GUILTY OF THE OFFENSE CHARGED.

THE DEFENDANT IS TO PAY THE COST OF PROSECUTION.

EFFECTIVE September 4,1998, THE DEFENDANT IS PLACED IN THE CUSTODY OF THE DEPARTMENT OF CORRECTION AT SUPERVISION LEVEL 5 FOR A PERIOD OF 2 YEARS.

THIS SENTENCE IS SUSPENDED FOR 2 YEARS AT SUPERVISION LEVEL 3. AFTER SERVING 1 YEAR AT SUPERVISION LEVEL 3, THIS SENTENCE IS SUSPENDED FOR 1 YEAR AT SUPERVISION LEVEL 2.

THE DEFENDANT SHALL MAKE RESTITUTION AS FOLLOWS: \$278.00 PAYABLE TO INSURANCE TRUST OF THE NJBA, NATIONAL BENEFIT CORPORATION.

FROTTIONOTARY



ATTEST SHARON AGNEW
PROTHONOTABY
BY

STATE OF DELAWARE V. PAUL E PAVULAK 9802015040

AS TO THE CHARGE OF PN98030128, UNLAW SEX CON 2, IT IS THE ORDER OF THE COURT THAT:

THE DEFENDANT IS ADJUDGED GUILTY OF THE OFFENSE CHARGED.

THE DEFENDANT IS PLACED IN THE CUSTODY OF THE DEPARTMENT OF CORRECTION AT SUPERVISION LEVEL 5 FOR A PERIOD OF 2 YEARS.

THIS SENTENCE IS SUSPENDED FOR 2 YEARS AT SUPERVISION LEVEL 2.

THIS SENTENCE SHALL BE SERVED CONSECUTIVELY TO THE SENTENCE IN CR.A. NO. PN98-03-0127.

THE NON-INCARCERATIVE PORTION OF THIS SENTENCE SHALL BE SERVED CONSECUTIVELY TO THE NON-INCARCERATIVE PORTION OF THE SENTENCE IMPOSED IN CR.A. NO. PN98-03-0127.

STATE OF DELAWARE V. PAUL E PAVULAK, 9802015040

THE FOLLOWING CONDITIONS SHALL APPLY TO THIS SENTENCE, THE DEFENDANT SHALL:

PAY FINANCIAL OBLIGATIONS DURING THE PROBATIONARY PERIOD.

HAVE NO CONTACT WITH THE VICTIM.

BE EVALUATED FOR EMOTIONAL AND/OR PSYCHOLOGICAL PROBLEMS AND FOLLOW ANY DIRECTIONS FOR TREATMENT OR COUNSELING MADE BY THE PROBATION OFFICER.

HAVE NO UNSUPERVISED CONTACT WITH ANYONE UNDER 16 YEARS OF AGE.

NOTE: DEFENDANT SHALL BEGIN TREATMENT AND/OR COUNSELING WITHIN 60 DAYS AND REMAIN UNTIL DISCHARGED BY THERAPIST AND/OR COUNSELOR.

THE PROVISIONS OF 11 DEL. C. 4120 AND 4336, SEX OFFENDER REGISTRATION AND COMMUNITY NOTIFICATION, APPLY TO THIS CASE.

JUDGE FRED S. SILVERMAN

STATE OF DELAWARE V. PAUL E PAVULAK, 9802015040

FINANCIAL OBLIGATIONS ARE IMPOSED ON THE DEFENDANT PURSUANT TO THIS SENTENCE AS FOLLOWS:

TATOT	CDEFA-DIVERSION ORDERED	0.00
	CIVIL PENALTY ORDERED	0.00
TOTAL	COSTS ORDERED	80.00
	DRUG SURCHARGE ORDERED	0.00
	EXTRADITION ORDERED	0.00
	FINE AMOUNT ORDERED	0.00
	FORENSIC FINE ORDERED	0.00
	SHERIFF KENT ORDERED	0.00
	SHERIFF NCC ORDERED	0.00
	PUBLIC DEF. FEE ORDERED	0.00
	RESTITUTION ORDERED	278.00
		0.00
	SHERIFF SUSSEX ORDERED	0.00
	VICTIMS' COMP ORDERED	1.00
TOTAL	VIDEO PHONE FEE ORDERED	1.00
TOTAL	FINANCIAL ORDER	359.00

RULE 9 WARRANT

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE

:

ν.

INDICTMENT BY THE GRAND JURY

PAUL E. PAVULAK

I.D. NO. 0403016870

The Grand Jury charges PAUL E PAVULAK with the following

offqnses:

COUNT I. A FELONY

I#N 04-04-0306W

UNLAWFUL SEXUAL CONTACT SECOND DEGREE, in violation of Title

, Section 768, of the Delaware Code of 1974, as amended.

PAUL E. PAVULAK, between June 1, 1999 and August 31, 1999,

in the County of New Castle, State of Delaware, did intentionally

have sexual contact with

on, a child less than 16

T#N 04-04

years of age.

COUNT II. A FELONY

UNLAWFUL SEXUAL CONTACT SECOND DEGREE, in violation of Title

11, Section 768, of the Delaware Code of 1974, as amended.

PAUL E. PAVULAK, between June 1, 1999 and August 31, 1999, in the County of New Castle, State of Delaware, did intentionally have sexual contact with Super 5, a child less than 16

GOVERNMENT EXHIBIT

CERTIFIED AS A TRUE COPY ATTEST SHARON AGNEW PROTHONOTARY years of age.

A TRUE BILL

FOREPERSON

I TORNEY GENERAL

EPUTY ATTORNEY GENERAL

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E

F.B.I. Number: 91062X8 S.B.I. Number: 00385354 Date of Birth: 194

1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005 Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue Weight: 200 lbs. Hair Color: Brown Race: White Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address: FAIRVIEW INN

1051 S MARKET ST ROOM 176 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Home Phone: () -Effective: 07/01/2008

Registered Employers:

Unemployed Effective:

Host Address(es):

Registered Physical Address: FAIRVIEW INN

1051 S MARKET ST ROOM 176 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Registered Place of Study:

Not Attending

Effective:

Host Address(es):

Effective Date of Anticipated Release 06727/2008

Registrant's Initials

00385354 PAVULAK, PAUL E

Page 1 of 4



GOVERNMENT EXHIBIT

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870

Complaint Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040 Complaint Number: 3298017198

Arresting Agency: 32 Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT

State of Conviction: DE Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT CHG STATUTE DESCRIPTION DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT 1704000054 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE 3298000553 003 HAVE SEXUAL CONTACT 3298000553 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL

VICTIM(S) INFORMATION:

COMPLAINT NGE RELATIONSHIP 3204024808 9 ACQUAINTANCE 3298017421 11 ACQUAINTANCE 3298017198-111-------ACQUAINHANCE

Registrant's Initials

00385354 PAVULAK, PAUL E

Page 2 of 4

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001
Make: FORD
Model: 4 DOOR
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile
Owner Notified Date: 04/01/2008

Owner Address: 1051 S MARKET SHL FAIRVIEW INN WILMINGTON, DE 19801 Vehicle Address: 1051 S MARKET SHL FAIRVIEW INN WILMINGTON, DE 19801

Registrant's Initials

per

Date 7/1/0

00385354 PAVULAK, PAUL E

Page 3 of 4

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendant of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

- 1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
- 2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
- 3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
- 4. I must submit to fingerprinting and a photograph upon verification and registration processes.
- 5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
- 6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Registrant's Signature Date

Please print Witness and Title

please print Witness and Title

Witness Signature

Legal Guardian of Juvenile Offender Date

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI P.O. Box 430 Dover, DE 19903

Case 1:09-61-00043-SERV Decement 9852 Filed 04/07/17 Page 21 of 68 Page ID #: 3035 SBI NUMBER: Registered Name: PAVULAK PAUL Place of Birth (state/country): CAMDE Date of Birth: Social Security Number: Driver's license or id number: Driver's license or id state: Weight: 230 Height: Hair color: Brawn Eye color: BUR Skin color: CAUC Alias names: Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek) Email Address: Bmail-Address Email Address: Email Address: Email Address: Home telephone number: (area code) Cell telephone number: Issuing Country: Passport Identification Number:

GOVERNMENT EXHIBIT

01/01/2008

Immigration status:

Case 1:09-67-00043-SERV Deciment 98-52 Filed 04/05/45 Page 22 of 68 Page ID #: 3036

LIVING and/or MAILING ADDRESS

Are you living at a shelter:	(yes or no)	Are you homeless:	(yes or no)
MAILING ADDRESS (is this differen			
Development or Apartment Name:	WEW I	JNN AP	artment #: <u>176</u>
Street Address: 10.57 Sm. (North, South, etc.)			_
City: w/ w	Stat	e:0e	Zip:Zip:
PHYSICAL ADD	RESS: (if differe	nt from mailing addre	ss)
Development Name:		With the second	man in the same of the same
Street Address:	# <u>-</u>		
Street Address: Number (North, South, etc)			(Street/Drivelete)
City:	State	:	Zip:
Are there other addresses	that you live:	(yes or no)
Development or Apartment Name:	y Commence of the Commence of	Apa	irtment #:
Street Address: Number (North, South, etc)	Street N	oza za postawanie dina desa	(Street/Drive/ctc)
inumber (inorth, south, etc)			
City:	State		
Development or Apartment Name:	· · · · · · · · · · · · · · · · · · ·	Apa	rtment #:
Street Address: Number (North, South, etc)	Street Na	me	(Street/Drive/etc)
2014/1011	State:		Zip:
		Local Institution of the Control of	Carte line and the second
Development or Apartment Name:		Apar	tment #:
Street Address: Number (North, South, etc)	Street Na	me	(Street/Drive/etc)
City:			Zip:
			9
Development or Apartment Name:		Apar	tment #:
No. A Adams			
Street Address: Number (North, South, etc)	Street Nan	ie	(Street/Drivelete)
City:	State:_		Zip:
*	<i>₩</i>		9
f Homeless list the area you frequent:			AND THE RESERVE OF THE PARTY OF
v	800		
of 9			01/01/2008

Case 1:09-67-00043-SERV Decument 98-52 Filed 04/05/45 Page 23 of 68 Page ID #: 3037

PLACE OF STUDY INFORMATION

Do you have a place of study? (yes o	or no) Are you enrolled	?(yes or no)
Name of place of study:	Effect	ive Date:
Street Address:(North, South, etc)	Street Name	(Street/Drive/cic)
City:	State:	Zip:
Name of place of study:	Effect	ive Date:
Street Address: (North, South, etc.)	Stroat Name	(Street/Drive/etc)
City:	_	Zip:
Name of place of study: Street Address: Number (North, South, etc)	Effecti Street Name	ve Date:(Street/Drive/etc)
City:	() ()	Zip:
Name of place of study:	Effecti	ve Date:
treet Address: (North, South, etc)	Street Name	(Street/Drive/etc)
lity:	State:	Zip:
ame of place of study:	Effectiv	re Date:
reet Address: Number (North, South, etc)	Street Name	(Street/Drive/ete)
ity:	State:	Zip:

EMPLOYMENT INFORMATION

Are you employed? (yes or no)

Type of business:	<u> </u>		4	
Street Address:	(North, South, etc)	Street Name	(Street	(Driveletc)
City:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State:	Zip	·
Telephone: number:			•	
8	. / .	8 8	92.	
Name of employer:	——— —	Occ	supation:	
Type of business:		\		
Street Address:	Olark South eta)	Street Name	(Street)	Drive(etc)
City:	(North, South, etc)		Zip	
Telephone: number:		1		
¥				<i>E</i>
Name of employer:		Occ	upation:	
ype of business:				
treet Address:		./		
ity:			Zip:	· ·
elephone: number:	920°	:		
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ame of employer:	a <u>s</u>	Occu	pation:	
pe of business:				
reet Address:		Street Name	(StreeVD	rivolete)
ty:		State:	Zip:	

VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.) 750325 Registration / hull / or plane tail number Vehicle year: 98 Vehicle make: Lond Vehicle model: THUS Vehicle color: ___ GMOD Place vehicle is parked or located: _ + Owner's name: TAUL FAVILLAND (Street/Drive/etc) State: City: State of registration Registration / hull / or plane tail number Vehicle year: ______ Vehicle make: ______ Vehicle model: _____ Vehicle color: ____over____ Place vehicle is parked or located: (Hanger, marina, garage, location) Owner's name: Street Address: (North, South, etc) Street Name (Street/Drivelete) State: City: State of registration Registration / hull / or plane tail number Vehicle year: _____ Vehicle make: _____ Vehicle model: _____ Vehicle color: ______over ____ Place vehicle is parked or located: (Hanger, marina, garage, location) Owner's name: Street Address: Number (North, South, etc) (Street/Driveletc) ! Street Name Zip: State: City: 01/01/2008 7 of 9

VERIFICATION CERTIFICATION

I,, have completed this validation process and	make these
statements as true and factual. I understand that by improperly stating or willfully withholding	g facts needed to
complete this verification, I am liable for criminal prosecution due to non-compliance with De	elaware's Megan
Law 11 Delaware Code Chapter 41.	
Signature: full fum. Date: 7-14-2008	Δē.
If under 18:	OII S
Name of parent/guardian: (PRINT NAME here)	
Signature of parent/guardian:	e e
e ga Se	*
Date:	
	erane switcher was a service in the
DSP Employee Accepting Packet: Sandra Llutarda Date: 2/1/07	

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT

Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E S.B.I. Number: 00385354 F. F.B.I. Number: 91062X8

Date of Birth: 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005 Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue Weight: 200 lbs. Hair Color: Brown Race: White Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address: FAIRVIEW INN

1051 S MARKET ST ROOM 160 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Home Phone: () -Effective: 07/03/2008

Registered Employers:

Unemployed

Effective:

Host Address(es):

Registered Physical Address: FAIRVIEW INN

1051 S MARKET ST ROOM 160 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Registered Place of Study:

Not Attending

Effective:

Host Address(es):

Effective Date of Anticipated Release 06/27/2008

> GOVERNMENT EXHIBIT

Registrant's Initials .

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT State of Conviction: DE
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

DESCRIPTION STATUTE CHG INCIDENT DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT 1704000054 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL 3298000553 003 CONTACT DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL 3298000553 002 CONTACT

VICTIM(S) INFORMATION:

RELATIONSHIP COMPLAINT AGE ACQUAINTANCE 3204024808 9 3298017421 11 ACQUAINTANCE

3298017198 11 ACQUAINTANGE

Registrant's Initials

Date 7.3.08

00385354 PAVULAK, PAUL E

Page 2 of 4

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001
Make: FORD
Model: 4 DOOR
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile
Owner Notified Date: 04/01/2008

Owner Address: 1051 S MARKET SHL FAIRVIEW INN RM 160 WILMINGTON, DE 19801 Vehicle Address: 1051 S MARKET SHL FAIRVIEW INN RM 160 WILMINGTON, DE 19801

Registrant's Initials

X-

Date 7.3-08

And the property of the proper

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendant of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

- 1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
- 2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
- 3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
- 4. I must submit to fingerprinting and a photograph upon verification and registration processes.
- 5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
- 6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Registrant's Signature

Date

Please print Witness and Title

Legal Guardian of Juvenile Offender Date

Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI P.O. Box 430 Dover, DE 19903

SBJ 00385354

CHANGE OF ADDRESS FORM (PLEASE PRINT)

HOME ADDRESS:			*
STREET ADDRESS: 05/	5. M. M.	KET ST	
APT # (if applicable) PM/60		2	
DEVELOPMENT: WILL A	DE 17	80/	
CITY/STATE:		ZIP _	
TELEPHONE NUMBER:			
EMPLOYER ADDRESS:	Desci.		
NAME OF EMPLOYER:			
STREET ADDRESS:			·
CITY/STATE:		ZIP	
TELEPHONE NUMBER:			
OCCUPATION:			
ABALL	<u> </u>		
PLACE OF STUDY (SCHOOL):	##X		
NAME OF SCHOOL:			
STREET ADDRESS.			
CITY/STATE:		ZIP	
TELEPHONE NUMBER:	*		
	.0 .		2
SIGNATURE: Just	V-cural	DATE:	7-3-08
HM.			

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E S.B.I. Number: 00385354 F.B.I. Number: 91062X8 Date of Birth: 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005 Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue Weight: 200 lbs. Hair Color: Brown Race: White Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address: FAIRVIEW INN 1051 S MARKET ST ROOM 134 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Home Phone: () -Effective: 07/03/2008

Registered Employers: Unemployed

Effective:

Registered Physical Address: FAIRVIEW INN 1051 S MARKET ST ROOM 134 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Registered Place of Study:

Not Attending

Effective:

Host Address(es):

Host Address(es):

Effective Date of Anticipated Release 06/27/2008

Registrant's Initials

_____ Date <u>7-11-00</u>

Page 1 of 4

GOVERNMENT EXHIBIT

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870 Complaint Number: 3204024808

Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE

Date of Plea/Verdict of Guilt: 04/06/2005 Sentence Date: 06/10/2005 Date of Incarceration: 10/14/2004 Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE

Date of Plea/Verdict of Guilt: 06/30/1998 Sentence Date: 09/04/1998 Date of Incarceration: 02/20/1998

Lead Offense: DE1107680000FG

CHARGE SUMMARY:

	INCIDENT	CHG	STATUTE	DESCRIPTI	CON					090	
	1704000054	002	DE1107680000FG	UNLAWFUL	SEXUAL	CONTACT	SECOND	DEGREE	HAVE S	EXUAL	CONTACT
	3298000553	003	DE1107680000FG	UNLAWFUL CONTACT	SEXUAL	CONTACT	SECOND	DEGREE	HAVE	SEXUA	T
ė	3298000553	002	DE1107680000FG	UNLAWFUL CONTACT	SEXUAL	CONTACT	SECOND	DEGREE	HAVE	SEXUA	L

VICTIM(S) INFORMATION:

COMPLAINT	AGE	REGATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials

Date 7-11-05.

Page 2 of 4

Delaware Sex Offender Registration Form Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001
Make: FORD
Model: TAURUS
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile
Owner Notified Date: 04/01/2008

Owner Address: 1051 S MARKET SHL PAIRVIEW INN RM 134 WILMINGTON, DE 19801 Vehicle Address: 1051 S MARKET SHL FAIRVIEW INN RM 134 WILMINGTON, DE 19801

Registrant's Initials

00385354 PAVULAK, PAUL E

Date 7-11-08

Page 3 of 4

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendant of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

- 1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
- 2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
- 3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
- 4. I must submit to fingerprinting and a photograph upon verification and registration processes.
- 5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
- 6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE-READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF: March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Registrant's Signature Date Please print Witness and Title 7-11-08

Legal Guardian of Juvenile Offender Date Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI P.O. Box 430 Dover, DE 19903

Exhibit # 13

<u>CHANGE OF ADDRESS FORM</u> (PLEASE PRINT)

NAME: PAUL PAVILLE	DOB:	777
HOME ADDRESS:		.*
DEVELOPMENT: PARKIN DAW		
HOME ADDRESS: DEVELOPMENT: FATILIAN DOWN STREET ADDRESS: MANUET ST		Rm 134
APT # (if applicable):		
CITY/STATE: WUM DE	ZIP	
TELEPHONE NUMBER:	CELL#	19
EMPLOYER ADDRESS:		
Change Remove Additional Employment	Unemployed	Self Employe
NAME OF EMPLOYER:		y
STREET ADDRESS:		
CITY/STATE:	ZIP	
TELEPHONE NUMBER:		
OCCUPATION:		
PLACE OF STUDY (SCHOOL):)6	
Change Remove No place of Study	Additiona	l Place of Study
NAME OF SCHOOL:		٠
STREET ADDRESS:		
CITY/STATE:	ZIP	
TELEPHONE NUMBER:		
TELEPHONE NUMBER:		
	ستمي	1 11
SIGNATURE: House	DATE:	-/1 0

Exhibit # 14

Delaware Sex Offender Registration Form Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E S.B.I. Number: 00385354 F. Date of Birth:

F.B.I. Number: 91062X8

Risk Level: 3 - HIGH Assessment Date: 06/10/2005 Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue Weight: 200 lbs. Hair Color: Brown Race: White Has Passport: No DNA Collected: No

The state of the s

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address: FAIRVIEW INN

1051 S MARKET ST ROOM 134 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Home Phone: (302) 985-1951 Effective: 07/03/2008

Registered Employers: Unemployed

Effective:

Host Address(es):

Registered Physical Address: FAIRVIEW INN 1051 S MARKET ST ROOM 134 WILMINGTON, DE 19801 NEW CASTLE COUNTY

Registered Place of Study: Not Attending

Effective:

Host Address(es):

Effective Date of Anticipated Release 06/27/2008 A ALE AND A PROPERTY OF THE APPLICATION AND A PROPERTY OF THE APPLICATION AND ADDRESS OF THE APPLICATION ADDRESS OF THE APPLICATION AND ADDRESS OF THE APPLICATION ADDRESS

Registrant's Initials

00385354 PAVULAK, PAUL E

GOVERNMENT **EXHIBIT**

Delaware Sex Offender Registration Form Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E OFFENSE SUMMARY: DUC/Case Number: 0403016870 Complaint Number: 3204024808 Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE Date of Plea/Verdict of Guilt: 04/06/2005 Sentence Date: 06/10/2005 Date of Incarceration: 10/14/2004 Lead Offense: DE1107680000FG DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE Date of Plea/Verdict of Guilt: 06/30/1998 Sentence Date: 09/04/1998 Date of Incarceration: 02/20/1998 Lead Offense: DE1107680000FG CHARGE SUMMARY: INCIDENT CHG STATUTE DESCRIPTION 1704000054 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT 3298000553 003 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT 3298000553 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT VICTIM(S) INFORMATION:

	COMPLAINT	AGE	RELATIONSHIP
annex ¹ on	3201024808	9	ACQUAINTANCE
	3298017421	11	ACQUAINTANCE
	3298017198	- 11	ACQUATNTANCE

Registrant's Initials		
00385354 PAVULAK, PAUL E	Page 2 of 4	

Delaware Sex Offender Registration Form Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001
Make: FORD
Model: TAURUS
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile
Owner Notified Date: 04/01/2008

Owner Address: 1051 S MARKET SHL FAIRVIEW INN RM 134 WILMINGTON, DE 19801

Vehicle Address: 1051 S MARKET SHL FAIRVIEW INN RM 134 WILMINGTON, DE 19801

Registrant's Initials

and the second section of the best of the second

Date 9/8/07

00385354 PAVULAK, PAUL E

Page 3 of 4

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendant of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

- 1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
- 2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
- 3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
- 4. I must submit to fingerprinting and a photograph upon verification and registration processes.
- 5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
- 6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements:

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Registrant's Signature

Date

Please print Witness and Title

Legal Guardian of Juvenile Offender Date

Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI P.O. Box 430 Dover, DE 19903

Exhibit # 15

Case 1:09-6r-00043-SIEN Decriment 9852 Filed 04/05/45 Page 47 of 68 Page 1D #: 3067

<u>9</u>				
ve.	19	SBI NUMBER:	(Leave blank)	
Registered Name: PAVUCAL	PAUL		DLE SUFFE	īx—
Date of Birth:	Place of Birth (st	ite/country): <u>(Am</u>		
	141			
Driver's license or id state: Driv	ver's license or id num	ber:	(V	
Race: WHID Sex: M	Height: 6	Weight:	210	-
Hair color: Blow Eye color: 7	Buc Ski	n color: district	2	_
Alias names:				
		3		
v //	- 1			
9				
Scars, marks or tattoos (with descriptions): (Example	le: tattoo of snake lower le	ft arm, sear on right cheek)		
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Email Address:				
Email Address:			*	
Email Address:				
Home telephone number:				•
(area code) (number)	(area cod	c) (number)		
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			- 1000000)	
	STREET,	:		
1000	CONTRACTOR OF THE PERSON OF TH			

2 of 9

01/01/2008

Case 1:09-67-00043-SIRV DOCUMENT 9852 Filed 04/05/45 Page 48 of 68 Page 1D #: 3062

LIVING and/or MAILING ADDRESS

Are you living at a shelter:	(yes or no) Are y	ou homeless: n えし	(yes or
MAILING ADDRESS (is this different t	from your physical a	ldress?)	(yes or no
Development or Apartment Name: FA	IL VIOW.	UNTE Apartment #	:134
Development or Apartment Name: FA Street Address: Number (North, South, etc)	Street Name	(Stree	(Drive/etc)
City: WILM	State:	DE zip	
PHYSICAL ADDRE	SS: (if different fron	mailing address)	-10
Development Name:		,	
Street Address: Number (North, South, etc)			Drive/etc\
City:	State:	Zip:	
Are there other addresses that	t you live:	(yes or no)	
Development or Apartment Name:		Apartment #:	
Street Address: (North, South, etc)	Street Name	(Street/I	Prive/etc)
City:	State:	Zip:_	
Development or Apartment Name:	The reserve control of the second	Apartment #:	<u> </u>
Street Address: Number (North, South, etc)			
att.			
CRY:			
Development or Apartment Name:		Apartment #:	
Street Address: Number (North, South, etc)	Street Name	(Street/Dri	
City:			
Development or Apartment Name:	*)	Apartment #:	
Street Address		•	
		(Street/Driv	
City:	State:	Zip:	
			(*)
f Homeless list the area you frequent:		P	
of 9	74		/01/2008

Case 1:09-61-00043-SIERV Deciment 9852 Filed 04/05/45 Page 49 of 68 PageID #: 3063

PLACE OF STUDY INFORMATION

Do you have a place of	study? // (y	es or no) Are you enro	lled?(yes	or no)
Name of place of study:		E	fective Date:	
Street Address			/	
Number	(North, South, etc)		(Street/Drive	Vetc)
City:		State:	Zip:	
	10			
Name of place of study:		Eff	ective Date:	
Street Address: Number	(North, South, etc)	Street Name	(Street/Drive	ata)
City:		1 -	Zîp:	•
			Zip	•
Name of place of study: _			- 6 - 190 - 1944 - 13	
		Effe	ctive Date:	
Street Address:				
	(North, South, etc)	Street Name	(Street/Drive/e	
-City:		State:	Zip:	
	/			
Name of place of study:		Effec	tive Date:	
Street Address:			¥.	
Street Address:	(North, South, etc)	Street Name	(Street/Drive/etc)
City:		State:	Zip:	B PROPERTY OF THE PARTY OF THE
	<i></i>			~
Name of place of study:/		Refeat	ive Date:	(4)
1		Effect	rvo Dato.	
Street Address:	(North, South, etc)	Street Name		
			(Street/Drive/etc)	
City:		state;	Zip:	-

EMPLOYMENT INFORMATION

	Are you en	aployed? (ye:	s or no)	
Name of employer:		o	ccupation:	
Street Address: Num	iber (North, South, etc)	Street Name	.(Street/Drive	•
			Zip:	
Telephone: number:	- Andrews	<u> </u>	ipt.	898
Name of employer:			cupation:	•
Type of business:	* A			
Street Address:		Street Name	(Street/Drive/et	e)
City:		State:	Zip:	
Telephone: number:			*	9
Name of employer:			upation:	
		Occi		
Type of business:		Stroct-Name		
Street Address: Number City:		Stroct-Name	(Street/Drivolete)	
Type of business: Street Address: Number City:		Stroct-Name	(Street/Drivolete)	
Type of business: Street Address: Number City: Telephone: number:		Stroct Name State:	(Street/Drivolete)	
Type of business: Street Address: Number City: Telephone: number:		Stroct Name State:	(StreedDravette) Zip:	
-Type of business: Street Address: Number		Stroct Name State:	(StreedDravette) Zip:	

VEHICLE INFORMATION

motorcycles, boats, p	1944 1 1954 - U 15	C	· ·
-			De
	tion / hull / or plane ta		State of registration
Vehicle year: 199	Vehicle make	: Forg	Vehicle model 774W S
Vehicle color: (9,			
Place vehicle is parked	l or located: _ fai	riven mo	fel
Owner's name:	our Para	(Hanger, manna, garage,	(ocation)
¥" - 5			
Street Address: Number	(North, South, etc)	Street Name	(Street/Drive/et
City:		State:	Zip:
Place vehicle is parked o	r located:	(Hanger, marina, garage, loc	
Place vehicle is parked o	or located:	(Hanger, marina, garage, loc	ation)
Place vehicle is parked o	or located:	(Hanger, marina, garage, loc	ation)
Place vehicle is parked o	or located:	(Hanger, marina, garage, loc	ation) (Street/Drivo/etc)
Place vehicle is parked o Owner's name: Street Address: Number City:	or located:	(Hanger, marina, garage, loc Street Name State:	ation) (Street/Drivo/etc)
Place vehicle is parked of Owner's name: Street Address: Number City: Registration	or located:(North, South, etc)	(Hanger, marina, garage, loc Street Name State:	Zip:
Place vehicle is parked of Owner's name: Street Address: Rumber City: Registration Tehicle year: chicle color:	or located:(North, South, etc) / hull / or plane tail n Vehicle make:	(Hanger, marina, garage, loc Street Name State:	State of registration hicle model:
Place vehicle is parked of Owner's name: Street Address: Rumber City: Registration Tehicle year: chicle color:	or located:(North, South, etc) / hull / or plane tail n Vehicle make:	(Hanger, marina, garage, loc Street Name State:	State of registration hicle model:
Place vehicle is parked o Owner's name: Street Address: Number City: Registration Tehicle year:	or located:(North, South, etc) a / hull / or plane tail n Vehicle make: located:	Street Name State: Over (Hanger, marina, garage, location of the state of the sta	State of registration hicle model:
Place vehicle is parked of Owner's name: Street Address: Registration Tehicle year: ehicle color: ace vehicle is parked or leaver's name:	or located:	Street Name State: Over (Hanger, marina, garage, location of the state of the sta	State of registration hicle model:
Place vehicle is parked of Owner's name: Street Address: Registration Tehicle year: ehicle color: ace vehicle is parked or leaver's name:	or located:(North, South, etc) a / hull / or plane tail n Vehicle make: located:	Street Name State: Over (Hanger, marina, garage, location of the state of the sta	State of registration hicle model:

VERIFICATION CERTIFICATION

I,
statements as true and factual. I understand that by improperly stating or willfully withholding facts needed to
complete this verification, I am liable for criminal prosecution due to non-compliance with Delaware's Megan
Signature: Date: Syd. 8 2005
If under 18: Name of parent/guardian:(PRINT NAME hare)
Signature of parent/guardian:
DSP Employee Accepting Packet:
Date: 9/8/0 X

Exhibit # 16

Delaware Sex Offender Registration Form Sex Offender - Informational Print

DELAWARE OFFENDER - RESIDES OUT OF STATE

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E S.B.I. Number: 00385354 F. Date of Birth: /1944 F.B.I. Number: 91062X8

Risk Level: 3 - HIGH Assessment Date: 06/10/2005 Police Jurisdiction: OS

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue Weight: 200 lbs. Hair Color: Brown Race: White Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:

1030 BELEN ST

PHILIPPINES, UN 1007 OTHER COUNTY

Home Phone: () -Effective: 12/05/2008

Registered Employers: Unemployed

Effective:

Host Address (es):

Registered Physical Address:

1030 BELEN ST PHILIPPINES, UN 1007 OTHER COUNTY

Registered Place of Study: Not Attending

Effective:

Host Address(es):

Effective Date of Anticipated Release
06/27/2008

Registrant's Initials

Date

00385354 PAVULAK, PAUL E



Page 1 of 3

Delaware Sex Offender Registration Form Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE

Date of Plea/Verdict of Guilt: 04/06/2005 Sentence Date: 06/10/2005 Date of Incarceration: 10/14/2004

Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040 Complaint Number: 3298017198 Arresting Agency: 32

Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE

Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPT	ON					,	
1704000054	002	DE1107680000FG	UNLAWFUL	SEXUAL	CONTACT	SECOND	DEGREE	HAVE S	EXUAL CONTACT	
3298000553	003	DE1107680000FG	UNLAWFUL CONTACT	SEXUAL	CONTACT	SECOND	DEGREE	HAVE	SEXUAL	
3298000553	002	DE1107680000FG	UNLAWFUL CONTACT	SEXUAL	CONTACT	SECOND	DEGREE	HAVE	SEXUAL	

VICTIM(S) INFORMATION:

COMPLAINT	_AGE	RELATIONSHIP		
3204024808	9	ACQUAINTANCE	A CONTRACTOR OF THE CONTRACTOR	
3298017421	11	ACQUAINTANCE		
3298017198	11	ACQUAINTANCE		12222.

Registrant's Initials

Date 12 05 08

00385354 PAVULAK, PAUL E

Page 2 of 3

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendant of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

- 1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
- 2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
- 3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
- 4. I must submit to fingerprinting and a photograph upon verification and registration processes.
- 5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
- 6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF: March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

strant's Signature

Date

Legal Guardian of Juvenile Offender Date

Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI P.O. Box 430 Dover, DE 19903

Exhibit # 17

Case 1:09-61-00043-SIERV Decument 98-52 Filled 04/05/45 Page 58 of 68 Page ID #: 3072

8 *6		DAPA L	(UMBER:
	\circ	4	(Leave blank
Registered Name	: PAVULAX	PAUL	EDWAND SUF
Date of Birth:	177 44	Place of Birth (state/count	ry): CAMPON A
Social Security N	Appendix and a second s	-4741	2
		Driver's license or id number:	
Race:	Sex:	Height: 6 Skin color:	Weight: <u>210</u>
Hair color:	Br Eye color:	BL Skin color:	WHIN
Alias names:			r
*			
***************************************	1		
Email Address:			
Email Address: Email Address:	Constitution of the consti		
Email Address:	ber:		And the second s
Email Address: Email Address: Email Address: Email Address:	ber:	nber) (area code)	(number)
Email Address: Email Address: Email Address: Email Address: Home telephone numb	ber: (area code) (num	nber) (area code)	(number)

2 of 9



01/01/2008

Case 1:09-6r-00043-SIEW Deciment 9852 Filled 01//05//15 Page 59 of 68 Page ID #: 3073

LIVING and/or MAILING ADDRESS

Are you living at a shelter:	(yes or no) Are yo	ou homeless:	(yes or no
MAILING ADDRESS (is this different	from your physical ad	dress?)	_(yes or no)
Development or Apartment Name:		Apartment #:	·
Street Address: 1-030 BEL	EN ST		
City: PACO MANICA	State:	HILIPANES Zip:	1.00 7
9:	ESS: (if different from		
Development Name:	•	-	
Street Address: Number (North, South, etc.)	Street Name	(Street/Dr	ive/cle\
City:	State:	Zip:	
Are there other addresses tha	t you live:	(yes or no)	
Development or Apartment Name:		Apartment #:	
Street Address: Number (North, South, etc)	Street Name	(Street/Dri	ve/etc)
City:	State:	Zip:	
Development or Apartment Name:	(M2) (A)		1/2
Street Address			(10) (1
Number (North, South, etc)	Street Name	(Street/Drive	o/etc)
City:		Zip:	¥
e e e e e e e e e e e e e e e e e e e	** * ***		
Development or Apartment Name:		Apartment #:	
Street Address: Number (North South etc.)	The second secon		
(· · · · · · · · · · · · · · · · · · ·	Street Name	(Street/Drive	•
City:	State:	Zip:	
Development or Apartment Name:		Apartment #:	
Street Address:		3	
Number . (North, South, cic)	Street Name	(Street/Drive/e	tc)
City:	State:	Zip:	
If Homeless list the area you frequent:			189
	520		
3 of 9	· · · · · · · · · · · · · · · · · · ·	01/0	1/2008

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PLACE OF STUDY INFORMATION

Do you have a place	of study? (yes	or no) Are you enroll	ed? <u>P)</u>	(yes or no)
Name of place of stud	ly:	Effe	ctive Date;	
Street Address		*2		500-1
Number	r (North, South, etc)	Street Name	· · · · · · · · · · · · · · · · · · ·	(Orive/etc)
City:	3	Chaha	(Stree	(UDrive/etc)
		State:	Zij):
Name of place of study	·	Effective Date:		
Street Address:	(North, South, etc)			59
			. (5.1.000	Drive/etc)
City:		State;	Zip:	
Name of place of study:	,	Effecti	ve Date:	
Street Address:		·		
		Street Name	Street Name (Street/Drivele	
City:	•)	State:	Zip:_	*
27			,	
Name of place of study: _		Effective Date:		T .
Street Address:			-	
Number .	(North, South, etc)	Street Name	(Street/Dr.	
City:		State:	Zip:	Vereic)
, , , , , , , , , , , , , , , , , , , ,				
Name of place of study:	CONTRACTOR	Effective Date:		· · · · · · · · · · · · · · · · · · ·
Street Address: Number		Street Name		, (1)
	(· · · · · · · · · · · · · · · · · · ·		(Street/Driv	e/etc)
City:	N. 1	State:	Zip:	×

EMPLOYMENT INFORMATION

3.5	(*)				
	Are you e	mployed? (yes	or no)		
Name of employer:		Occ			
	k Barrier	0	cohsmon:		
Street Address			<u> </u>		
Street Address:		Street Name		(Street/Drive/etc)	·
City:		State:	5 .	Zin:	
Telephone: number:		*:			
	at .			•	
37		E			
Name of employer:		Occu	pation:		
Type of business:	*			11	
Street Address:					
Number	(North, South, etc)	Street Name		(Street/Drive/etc)	
City.		State:	(Street/Drive/etc)		
Telephone: number:		3			
Name of employer:		Occupa	*	.**	
Street Address:				****	H
Number City:	(North, South, etc)		AL SMALLEST DOMESTIC	(Street/Drivdete)	i Property of
		State:	(6)	Zip:	
Telephone: number:					(4)
Name of employer:	3	2 g a		160	18
		Occupation	on:	15	
Type of business:					
Street Address:	(North, South, etc)			No. 170 March 1870 Annual 1870	manage (
City:	(North, South, etc)	Street Name		(Street/Drive/etc)	-
	IT:	State;		_Zip:	-
Telephone: number:	1		(5)		

VEHICLE INFORMATION

motorcycles, b	oats, planes, etc.)		. (Vehicles include cars, trucks,
2			in
Re	gistration / hull / or plané ta	il number	State of registration
	96 Vehicle make	/ .	Vehicle moder. AMS
	Gross /	/ /	*
		over	
	parked or located:	(Hangor, marina, garage,	location)
Owner's name:			A
Street Address:	Number (North, South, cic)		
City.	Number (North, South, cic)	Street Name	(Street/Drive/etc)
City:		State:	Zip:
•			
Regis	tration / hull / or plane tail :	number	State of registration
Vehicle vear:	Vehicle make:	e '	(9)
Vehicle color:		over	
25.	ked or located:		
Oumer's name		(Hanger, marina, garage, loc	ation)
Street Address: Num	uber (North, South, etc)	Water Comment No.	Name of the state
Cilv	ther (North, South, etc)		(Street/Drive/etc).
		State:	Zip;
No programme and the second	44 m (7 1) ()	101/01	"
Registr	ation/hull/or plane tail nu	mber	State of registration
2			State of registration
Vehicle year:	Vehicle make:	Vel	nicle model:
/ehicle year:		Vel	nicle model:
/ehicle year:	Vehicle make:	Vel	nicle model:
Vehicle year: Vehicle color: lace vehicle is parke	Vehicle make:d or located:	Over(Hanger, marina, garage, location	nicle model:
Vehicle year: Vehicle color: lace vehicle is parked wner's name:	Vehicle make: d or located:	Over(Hanger, marina, garage, location	nicle model:
/ehicle year: /ehicle color: lace vehicle is parked wner's name;	Vehicle make: d or located:	Over(Hanger, marina, garage, location	nicle model:
Vehicle year: Vehicle color: lace vehicle is parked wner's name: reet Address:	Vehicle make: d or located:	Over Vel	nicle model:

I,	nake these
statements as true and factual. I understand that by improperly stating or willfully withholding	facts needed to
complete this verification, I am liable for criminal prosecution due to non-compliance with Dela	ware's Megan
Law 11 Delaware Code Chapter 41.	•
Signature: faul famue	ts.
Date: 12-308	9
If under 18:	
Name of parent/guardian: (PRINT NAME hare)	
Signature of parent/guardian:	2060
3	8 2
Date:	*
	3
DSP Employee Accepting Packet: Sandial Warda	and and an enterior of the second second second

Exhibit # 18

Delaware Sex Offender Registration Form Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E S.B.I. Number: 00385354 F.B.I. Number: 91062X8 Date of Birth: 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005 Police Jurisdiction: TROOP 2 STATE POLICE

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue Weight: 200 lbs. Hair Color: Brown Race: White Has Passport: No DNA Collected: No

Aliases: PAVULAK, PAUL

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address: HOLLYWOOD MOTEL 145 S DUPONT HWY ROOM 104 NEW CASTLE, DE 19720 NEW CASTLE COUNTY

Home Phone: (302) 322-3070 Effective: 01/16/2009

Registered Employers:

Unemployed

a managament of the se

Registered Physical Address: HOLLYWOOD MOTEL 145 S DUPONT HWY ROOM 104 NEW CASTLE, DE 19720 NEW CASTLE COUNTY

Registered Place of Study: Not Attending

Effective:

Effective:

Host Address(es):

Host Address(es):

THE STATE OF THE PROPERTY OF T

Effective Date of Anticipated Release 06/27/2008

Registrant's Initials

1-16.09

00385354 PAVULAK, PAUL E



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Delaware Sex Offender Registration Form Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870

Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE

Date of Plea/Verdict of Guilt: 04/06/2005 Sentence Date: 06/10/2005 Date of Incarceration: 10/14/2004

Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040 Complaint Number: 3298017198

Arresting Agency: 32

Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998 Sentence Date: 09/04/1998 Date of Incarceration: 02/20/1998

Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT CHG STATUTE DESCRIPTION 1704000054 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT 3298000553 003 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT 3298000553 002 DE1107680000FG UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

----COMPLAINT---AGE-----RELATIONSHIP-3204024808 9 ACQUAINTANCE 3298017421 11 ACQUAINTANCE

3298017198, 11

Date _ [- 16-09

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Delaware Sex Offender Registration Form Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0002
Make: FORD
Model: TAURUS
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile

Owner Address: 145 S DUPONT HWY ROOM 104 NEW CASTLE, DE 19720

Vehicle Address: 145 S DUPONT HWY HOLLYWOOD MOTEL ROOM 104 NEW CASTLE, DR 19720

Registrant's Initials

(W)

Date 1-16.09

Consideration of the second of

00385354 PAVULAK, PAUL E

Page 3 of 4

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendant of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

- 1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
- 2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
- 3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
- 4. I must submit to fingerprinting and a photograph upon verification and registration processes.
- 5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
- 6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

I AM ALSO REQUIRED TO VERIFY MY INFORMATION IN PERSON AT SBI (4) FOUR TIMES A YEAR
IN THE MONTHS OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Date Please print Witness and Title 1-16.07

Legal Guardian of Juvenile Offender Date

Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI P.O. Box 430 Dover, DE 19903